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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-49)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Ship-to-shore Telemedicine Consult
NMC Portsmouth, VA (NSMN) -- On the morning of 13 December, CAPT Gordon Iiams, orthopaedic hand specialist at Naval Medical Center Portsmouth, received a call from USS GEORGE WASHINGTON (CVN 73). Iiams had received such calls before from shipboard doctors seeking a specialist's opinion. This call was different -- Iiams was being asked to perform a ship-to-shore telemedicine consult.

Telemedicine takes current video teleconferencing technology and applies it to medical consultation. Medical department personnel aboard GEORGE WASHINGTON can transmit television images via computer to shore-based hospitals for real-time analysis by specialists.

The 13 December case involved a female Sailor who had lost a finger in an accident. Normally, the ship's medical department would have to make the determination whether to medevac the patient to NMC Portsmouth or attempt reattachment of the digit on their own.

That's a tough decision to make, according to Iiams. "Either you turn the ship around and order the medevac," Iiams said, "putting a helicopter crew at risk when re-attachment might not even be possible, or you keep the patient on the ship, and if re-attachment fails, you wonder if you could have had a different outcome if you had medevaced the patient."

Telemedicine eliminates that dilemma. Iiams was able to "examine" the patient on his computer screen. "I had a clear image of the digit on the screen," Iiams said. "And I could see right away that re-attachment was not possible. The ship's doctors asked me to watch the formal amputation, and they were able to save about one-third of her finger."

Iiams said the resolution of the image on his computer screen was very good. "From the screen, I was able to determine the vascular viability of a critical flap of tissue needed for wound coverage," Iiams said. "That means that I could look at a computer screen and tell whether this area of skin had enough blood flowing to it to be re-attached."

This technology allowed Naval Medical Center Portsmouth to positively impact shipboard patient care; telemedicine will continue to allow shipboard medical teams near-instant access to shore-based specialists.

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HEADLINE: Blue and Green Team Up in Okinawa for Field Surgery

USNH Okinawa, Japan (NSMN) -- "Corpsman up" -- a cry very familiar to the battle-worn Navy Hospital Corpsman of not too many years past, a cry many hope they never hear but know they must be ready if the call does come. From 5-17 December 1995, with readiness setting our "true north" direction, the Green Team from Charlie Company, 3rd Medical Battalion, 3rd FSSG, Camp Schwab, Okinawa, combined efforts with the Blue Team of U.S. Naval Hospital Okinawa, and successfully completed 10 actual surgical operations in a camouflaged 20-bed "mini" field hospital constructed on the grounds of the U.S. naval hospital at Camp Lester as part of Beachcrest '95. Although only about a third of the field hospital was erected for the exercise, it still included many conveniences found in a permanent facility, including laboratory, pharmacy, radiology and ward services.

"This exercise was quite different from the training we normally do," said LT Jeff Walters, MSC, C Company's commander. "Being right next door to the Naval Hospital gives us an opportunity to work closely with the hospital staff, some of whom would augment our unit during a real-world deployment." All the patients involved in the exercise were active duty staff who volunteered for elective surgery such as nasal septoplastys, lipoma or axillary mass excisions, and a cleft ear lobe repair. A mock cardiac arrest, thoracotomy and thoracostomy were also conducted. Approximately 80 medical staff from the Medical Battalion and 30 from the hospital participated.

"It's an opportunity to realistically test the full scope of our field medical operation and save money at the same time", said LCDR T. L. Bleau, NC, executive officer, 3rd Medical Battalion. "The money savings came from actually treating the

patients in the field, so supplies weren't wasted on simulated illnesses and injuries."

U.S. Naval Hospital Okinawa Commanding Officer CAPT R.L. Anderson, MSC, and 3rd FSSG Division Surgeon CAPT R. Schultz, MC, felt the interaction among medical professionals was invaluable. Schultz added, "The FMF and the operational commands of the Navy believe we can be Navy medicine's true representatives and ambassadors for operational medicine. We live it 24-hours a day." In an email message to Schultz, Surgeon General VADM Harold M. Koenig, MC, noted that two high priorities for him are readiness and providing "the medical benefit efficiently. The surgical set-up at USNH Okinawa you described achieves both of those objectives and I applaud you and your people for their efforts."

Story by Ms. Debra Robinson and HMCM(SW) M.C. Carr, U.S. Naval Hospital Okinawa

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HEADLINE: Drop-in Child Care Opens at Naval Hospital Beaufort
NAVHOSP Beaufort, SC (NSMN) -- The Children's Waiting Room opened its doors for the first time with a ribbon cutting ceremony Monday, 11 December 1995. The Children's Waiting Room, a drop-in child-care facility for the Tri-Command, replaces the former Circus Room, which shutdown 30 September 1995. Present at the ceremony were BGen Jerry D. Humble, commanding general, Marine Corps Recruit Depot Parris Island, and CAPT Mark V. Brown, MSC, commanding officer, Naval Hospital Beaufort.

The re-opening comes after the room was shut down for almost three months for renovations. Renovations include the installation of a sprinkler system, a closed circuit television monitoring system, and alert buzzers on the facility's doors. Additional improvements include new windows and ceiling tiles, installation of smoke detectors, a child-size bathroom, outside lights and other minor facelift projects. Many of these renovations were needed to conform with health and safety standards. The majority of the labor was provided by the Naval Hospital's Public Works Division. Many people at the ceremony commented, "It looks like a new building".

Before its shutdown on 30 September 1995, the facility was operated by the Navy/Marine Corps Relief Society (N/MCRS). However, due to concerns of liability and funding, the N/MCRS closed the facility. Fearing that the Circus Room wouldn't be able to re-open, Mrs. Amy Banks, Director of the Parris Island Child Development Center (CDC), proposed that the facility be taken over by the Parris Island CDC. "There is such a great need for drop-in child care for military members and their families," Mrs. Banks said.

In a joint effort, the Naval Hospital provided the CDC with the room and paid for renovations, which cost an estimated \$25,000. Headquarters Marine Corps granted \$60,000 for the Waiting Room's supplies and allowed for a DoD supervisory education technician to manage the facility. The CDC also received a \$15,000 grant from the Lyman Trust, which offers grants for innovations in child care.

The Children's Waiting Room opened for business Wednesday, 13 December 1995, as a temporary means of child care to keep well children from the sick and support those who have no other means of child care when visiting the hospital. Reservations can be made the same time an appointment is made.

Story by PFC William M. Lisbon, USMC, Tri-Command Tribune Staff

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HEADLINE: Navy Surgeon Deploys to GTMO and Into History

MCAS New River, NC (NSMN) -- CDR Laurie M. Balagurchik, MC, deployed to Naval Base Guantanamo Bay, Cuba, in October, joining the Joint Task Force 160 as a surgeon and making history. When she deployed to GTMO, Balagurchik carved her notch in military history as the first female Navy surgeon to serve with JTF 160.

As the JTF surgeon, the Marine Forces Atlantic Sailor provides guidance for the care and health of migrants aboard the base. To Balagurchik, that not only includes their physical well-being but the mental well-being too.

"We try to give medical care with a concern for their overall well-being," said the New York native. "It's important they know we care about them and that's why we're here."

JTF 160 is currently supporting Operation Sea Signal, which is responsible for the care of the Cuban migrants remaining who fled sovereign Cuba in 1994. In the beginning of Operation Sea Signal, there were more than 40,000 Haitian and Cuban migrants. Through the efforts of thousands of U.S. service persons such as Balagurchik, that number has shrunk to less than 3,000.

Like most members of Operation Sea Signal, she didn't know what to expect when she stepped off the plane at GTMO. After being in Cuba for a few days, she quickly learned that the migrants respect the American military and appreciate their efforts.

Balagurchik respects what the migrants have endured for the chance for freedom. "They have done so much for just a chance," she said. "When they left Cuba, they weren't sure if they would even make it alive."

Serving with the JTF has taught Balagurchik about the different services and how to operate in a joint environment. "It's more exciting than I ever thought," she said. "Working with the migrants and members from the other services is very rewarding and educational."

Story by Cpl David Brock, USMC, Joint Public Affairs Office, Marine Corps Air Station New River

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HEADLINE: Chiropractic Care at Naval Hospital Camp Pendleton

NAVHOSP Camp Pendleton, CA (NSMN) -- Naval Hospital Camp Pendleton is one of 10 military medical treatment facilities to spearhead the Chiropractic Health Care Demonstration Program. This program, which was enacted by Congress as part of the National Defense Authorization Act for Fiscal Year 1995, will evaluate the feasibility and advisability of furnishing chiropractic health care through the Military Health Services System.

Naval Hospital Camp Pendleton's Chiropractic Clinic officially opened on 12 December 1995. MajGen C.W. Reinke, commanding general, Marine Corps Base Camp Pendleton, participated in the clinic's opening by assisting CAPT B.B. Potter, MC, commanding officer of the hospital, cut the official ribbon. Reinke and Potter also cut a ceremonial cake decorated with a towering pastry spinal column for the occasion.

The chiropractic program will continue for three years. At the end of the demonstration period, the Office of the Assistant Secretary of Defense (Health Affairs) will prepare a report to Congress focusing on costs and benefits associated with chiropractic care. Patients will be evaluated on their subjective perception regarding chiropractic treatment. Objective data will be collected to correlate duration of lost work hours, comparing chiropractic treatment to non-chiropractic treatment.

Due to high demand for chiropractic service, Naval Hospital Camp Pendleton started seeing patients on 12 October. Potter explained in her remarks to the guests, "To date, approximately two thirds of the patients report significant improvement following their chiropractic treatment and no patients have reported worsening of symptoms. The hospital has treated 141 patients and delivered a total of 658 treatments as of November 30, 1995."

Treatments covered in the Chiropractic Health Care Program will be limited to spine-related neuromusculoskeletal conditions. The naval hospital plans to limit beneficiaries to active duty members during the initial phases of start-up.

For more information on the Chiropractic Health Care Demonstration Program, call toll free 1 800 680-8955.
Story by HM2 Jack Kovic, Naval Hospital Camp Pendleton

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HEADLINE: Applicants for New DT Hygienist Program Sought
BUMED Washington (NSMN) -- A new enlisted program was recently announced in a message released by the Bureau of Medicine and Surgery.

The program, considered a "C" school, will train Navy Dental Technicians to be dental hygienists. The two-year full-time outservice training will be provided through selected community colleges with an American Dental Association-accredited dental hygienist program.

This program, which came about through two years of dedicated work on the part of many people, will grow about 180 enlisted dental hygienists over a period of six years, according to Force Master Chief Michael Stewart. The Force expects the majority of dental hygienists to be assigned to the operational forces or OCONUS.

Applications are needed for the first class in this pilot program, which convenes next fall. If interested, see BUMED MSG 121150Z DEC 95 for details and, if eligible, submit your application (NAVPERS 1306/7) to The Bureau of Naval Personnel (PERS 407C) by the 1 March 1996 deadline.

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HEADLINE: Naval Hospital Pensacola's Roots Planted 170 Years Ago

NAVHOSP Pensacola, FL (NSMN) -- Navy medicine has been an integral part of the rich heritage of the Pensacola area for nearly 170 years. After Florida was ceded to the United States in 1821, Congress set aside lands for the establishment of the Pensacola Navy Yard. But months prior to that, and with the stroke of his pen, the sixth President of the United States, John Quincy Adams, assigned the first Navy Surgeon to Pensacola on 4 January 1826, thereby establishing Naval Hospital Pensacola.

Later that same year, Surgeon Isaac Hulse, a native of Long Island, NY, and a graduate of the University of Maryland, arrived at the fledgling military post where he obtained (for \$30 a month) a two-story house for use as a temporary hospital, situated in the shade of the live oaks at Barrancas near Bayou Grande. The temporary facility was used until December 1835, when the first hospital was completed within the "walls" of the Navy Yard. The remains of a 12-foot high brick wall built around the new hospital are on board Naval Air Station Pensacola to this day.

Over the 170 years, there have been six naval hospitals built in Pensacola. The first Naval Hospital continued operation into the Civil War. The Navy Yard was surrendered to Confederate forces on 12 January 1861 and reoccupied by Union Admiral David Farragut on 19 May 1862. The naval hospital was found to be in ruins. A second Hospital was established at the Navy Yard by building additions to the chapel and armory. The third Hospital was built in 1875. With the advent of World War I in 1917, the fourth Hospital was built on the site of the previous Hospital and served naval air activities until 15 February 1941, when the fifth Pensacola Naval Hospital was dedicated. The fifth Hospital today serves as flag headquarters for the Chief of Naval Education and Training. On 15 March 1976, the sixth and current Naval Hospital became operational. It is the first Navy medical treatment facility to be built off base.

Today, the Naval Hospital and its seven Branch Medical Clinics -- at Naval Air Station (NAS) Pensacola, Naval Technical Training Center Corry Station, NAS Whiting Field, Naval Coastal Systems Center Panama City, FL; NAS Meridian, Construction Battalion Center Gulfport, and Naval Station Pascagoula, MS -- provide care to more than 88,000 active duty, retirees, and families of both throughout the three-state region (includes Florida, Mississippi and Alabama).

The current eight-story, 104-bed Pensacola military medical treatment facility is home to one of the Navy's three Family Practice Residency Training programs and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations. The Hospital's most recent accreditation came with a commendation from JCAHO, and its score (99 of 100) was the highest of any Navy medical facility in the country.

Story by Mr. Rod Duren, Naval Hospital Pensacola

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HEADLINE: SECNAV Shortens Time Requirement for Good Conduct

SECNAV Washington (NSMN) -- Sailors can now earn a Good Conduct Medal in three years, instead of the four years currently required, because of a change in eligibility recently approved by Secretary of the Navy John Dalton.

SECNAV's action also affects the Marine Corps Reserve Medal and the Naval Reserve Meritorious Service Medal. The change for all three medals is effective 1 January 1996.

The Navy Good Conduct Medal was established by the Secretary of the Navy on 26 April 1869 to recognize the "All around good Navy enlisted person, qualified in all phases of conduct and performance." The award was given based on three-year increments until 1 November 1963, when the requirements were lengthened to four years.

The change will bring the Navy in line with the other military services, which currently award Good Conduct Medals for three-year periods. Implementation of this change will follow as specified in a forthcoming NAVADMIN.

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HEADLINE: U.S. Naval Observatory to Add Leap Second to Clocks

USNO Washington (NSMN) -- A leap second will be added to the world's clocks at 23 hours, 59 minutes and 59 seconds Coordinated Universal Time (UTC) on 31 December. This corresponds to 6:59:59 p.m., Eastern Standard Time, when the extra second will be inserted at the U.S. Naval Observatory (USNO).

This marks the 20th leap second to be added to UTC, a uniform time kept by atomic clocks.

The U.S. Naval Observatory is charged with the responsibility for precise determination and management of time dissemination, and provides the Master Clock for DOD and the entire nation. Modern electronic systems, such as electronic navigation or communications systems, depend increasingly on precise time and time interval.

The Bureau of Medicine and Surgery, headquarters for Navy medicine, is housed at the site of the original Naval Observatory, built in 1844.

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HEADLINE: HEALTHWATCH: Dealing with Holiday Depression

PACFLT Honolulu (NSMN) -- The holiday season is a time of joy, a time for family get-togethers, and a time for parties. There may be plenty of good cheer, but in the military, being alone is an all too familiar holiday reality.

"You get used to it after a while," said Seaman Paul Lewis as he stood gate watch for his ship, USS PORT ROYAL (CG 73). "Everyone goes through the same thing, so that's a consolation, and it helps you get over the homesickness. You still miss being with your family and friends, but it's not as bad because you're all going through it together."

Seaman James Church, assigned to Pearl Harbor's Family Service Center, said you just have to talk to your shipmates and be there for them. "At the holiday time, you really need to be aware," said Pacific Fleet Chaplain CAPT Edwin Condon. Thanksgiving, Christmas and Hanukkah tend to be family holidays,

and when those familiar things are not around, that can set a Sailor to thinking too much. "Leadership needs to be aware that the holidays affect people differently, and that some people have trouble dealing with it," said Condon.

Those sentiments were echoed by ADM R. J. Zlatoper, commander in chief, Pacific Fleet, at a recent All Hands Call when he noted the high tempo of activity in the Pacific Fleet and the importance of remembering the individual Sailor.

"Sometimes we forget how important people are to what we do," said Zlatoper. "If depression gets into the mix and someone doesn't notice, we have failed. We all need to look out for each other."

Story by JO2 Andrew Cramer, Pacific Fleet Public Affairs

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Following is recently received information on upcoming training.

HEADLINE: Occupational Health and Preventive Medicine Workshop
NEHC Norfolk, VA (NSMN) -- The Navy Environmental Health Center will host the Thirty-Seventh Navy Occupational Health and Preventive Medicine Workshop from 22-29 March 1996 in Virginia Beach, VA.

The workshop will feature over 150 courses and sessions in the areas of occupational health, preventive medicine, health promotion, environmental protection, and industrial hygiene. Participants may earn continuing education credit for over 10 professional organization and designations.

Dr. Stephen C. Joseph, Assistant Secretary of Defense for Health Affairs, will address the opening session. The tri-service Military Audiology Short Course and the Navy Independent Duty Corpsman (IDC) Conference will run concurrently.

For more information, call the workshop hotline at (804) 363-5452/5508. The email address is workshop@ehc50.med.navy.mil and <http://ehc40.med.navy.mil/~workshop> on the World Wide Web.

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